

# VENEREAL DISEASES IN ENGLAND AND WALES

## SUMMARY

The therapeutic action of sulphathiazole has been studied in 55 male and 23 female cases of gonorrhœa.

Some possible causes of failure of the drug are discussed.

For supplies of Thiazamide the authors are indebted to Pharmaceutical Specialities (May & Baker) Ltd., Dagenham.

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## VII

### THE PRESENT TREND OF INCIDENCE OF VENEREAL DISEASES IN ENGLAND AND WALES, AND METHODS OF CONTROL \*

By L. W. HARRISON, D.S.O., F.R.C.P.

As a preliminary to a discussion on the present trend of incidence of V.D. in this country, it seems appropriate that something should be said about the position we had reached in this respect by the year 1939, because it probably has a bearing on the fact that since the outbreak of the war venereal diseases have not increased in this country to anything like the extent which we feared.

I am inclined to think that the title of this discussion should be the present trend of incidence of syphilis because we are very much in the dark as regards the incidence of gonorrhœa in the civilian population and have no reliable comparative statistics. Our Service colleagues will no doubt, however, give us some idea of the relative incidence of gonorrhœa in the Forces and from this and our knowledge of the incidence of syphilis we may be able to form some idea of the position in respect of gonorrhœa in civilians.

As regards syphilis, prior to the war we had good reason for believing that the great majority of the early infections in civilians coming under medical care in this country were being dealt with in the treatment centres. Sometimes in the past it has been suggested that many

\* An address delivered to the Medical Society for the Study of Venereal Diseases on July 26th, 1941.

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cases must be going untreated in country areas where we had no centres and from which our centres could not be reached at all easily. Against this view it seemed to me that in this case syphilis would have become so common in those rural areas that the fact must have become obvious even to casual observers. It did not do so, and now we have evidence that syphilis cannot have been rife in the rural areas in the fact that, although the country areas have been infiltrated with Service personnel, munition workers and people who have left the towns to avoid bombs, we have no evidence that they have found them hot-beds of venereal disease.

We are justified, therefore, in believing that the numbers of cases of early syphilis dealt with in the treatment centres until the end of 1938 at any rate, and probably until the end of 1939, represented the position pretty accurately so far as syphilitic infections in civilians coming under medical care were concerned.

In 1939 the number of early cases of syphilis dealt with for the first time in the civilian centres in England and Wales was 4,986, which represented a decrease of approximately 45 per cent. since 1931, the year in which we began to keep separate figures on early cases. By an indirect method of calculation I estimate that the early cases of syphilis dealt with in the centres in England and Wales in 1939 were less than one-third of those dealt with in 1920. The calculation is based on the ratio of new infections to all cases dealt with in the centres for the first time since 1931, but as this ratio has steadily fallen, it is probable that the estimate that the new infections in 1939 were less than one-third of those in 1920 is well above the mark.

Collateral evidence of the decline in syphilis which took place in the period between the two wars is to be found in deaths of infants which were certified as due to syphilis and also in the figures relating to infections of Service men stationed at Home. As regards deaths of infants certified as due to syphilis, the rates per 1,000 live births were 1.46 in 1913, 2.03 in 1917, 1.51 in 1920, and only 0.20 in 1939 or less than one-seventh of the rates in 1913 and 1920; the decline in these rates had been steady since 1917.

As regards Service infections, the admission rate for syphilis, first record, in the Navy stationed at Home fell

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from 8.1 per 1,000 per annum in 1921 to 1.96 in 1936, the latest year for which published figures are available. In the Army at Home the syphilis rate fell from 9.8 per 1,000 per annum in 1921 to 0.9 in 1937, and in the R.A.F. during the same period the rate for primary and secondary syphilis fell from 4.1 to 0.7. These declines in incidence are attributable also to some other causes, but the higher rates in stations abroad seem to suggest that they reflect to some extent the state of affairs in the civilian populations.

It may be of interest to note that in the period 1921 to 1937 the ratio of syphilis to gonorrhœa in the Forces stationed at Home declined quite remarkably, but it would delay us too much to discuss this aspect here.

After the outbreak of the present war I tried to keep in touch with the position by asking the Directors of treatment centres to send me the numbers of cases of early syphilis dealt with for the first time quarter by quarter. I did not trouble them for the figures relating to gonorrhœa because I did not think that they would give a true picture of the position, having regard to the numbers now going to private practitioners for sulphonamide treatment.

In the period from the beginning of October 1939 to the end of March 1940 the figures from the centres showed falls in the number of cases in both males and females as compared with corresponding periods a year previously, but it was evident that even in males the fall was not so great as one would have expected from the figures of previous years, if peace had continued to reign; I say "even in males" because of course these figures must by now have been affected by the numbers of men entering the Services. In London as regards males, and in provincial towns of over 350,000 inhabitants as regards both sexes, the turnover in early cases of syphilis showed increases. The larger provincial towns had shown increases in males from the first quarter of the war period, and the figures which we collected later in the Annual Returns showed that here in the first nine months of 1939 there must have been a slight increase in male cases over the corresponding period a year previously.

When stock was taken of the position at the end of June last year we found that well-marked increases had occurred. In males they were chiefly in London and the

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provincial towns of more than 350,000 inhabitants; in females they were in London and the provincial towns of less than 150,000 inhabitants.

I did not trouble the centres to give us figures for the quarter ending 30th September 1939, and our next stocktaking so far as the civilian position was concerned was by means of the Annual Returns from the centres. These showed that, as compared with 1939, males with early syphilitic infections dealt with at the treatment centres had increased by between 12 and 13 per cent., and females by the same amount. The figures relating to males dealt with at civilian centres, if considered alone, would have given us a false idea of the position because of the large numbers who had joined the Services, and it was necessary to take account of these. Thanks to data kindly supplied to me by the three branches, I was able to make a closer estimate of the actual increase which had occurred in syphilitic infections in England and Wales, for comparison with numbers in previous years. In making this estimate I deducted from the figures relating to Service infections in 1940 the numbers which I estimated would probably have occurred if the strengths of the Services had remained the same as in peace-time. This was done because in our estimates of syphilitic infections occurring in this country before the war we had not counted those in the Services stationed at Home. You will, of course, realise that calculations on such lines as this could not give us exact figures, but they would give us a good general idea of how we were faring in respect of venereal infections.

As a result of all the calculations, I came to the conclusion that male syphilitic infections had increased in England and Wales in 1940 by about 27 per cent. and that the total increase in both sexes was about 23 per cent. The actuals were higher than those for 1935 but substantially (770 in fact) lower than those for 1934. Altogether, although there was an increase in syphilitic infections in 1940, the totals showed that we had by no means slipped back to the position in 1920 since I calculate that the number of early cases of syphilis dealt with in the civilian centres in the earlier year was more than twice the number dealt with in both civilian and Service centres in 1940.

The centres' gonorrhœa cases showed a decrease, but

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when Service cases occurring in England and Wales were added (after deduction of Service peace-time figures as in the case of syphilis) the total males showed an increase of between 9 and 10 per cent. It was disturbing to find that the centres had dealt with fewer females in 1940 in spite of the clear evidence of an increased incidence in males, and this question will be discussed presently.

The next question of importance was where the increase was occurring and was the existing system of treatment centres sufficient. The best information available on the locality of the infections is in the lists of places where Service men stated they contracted their diseases, which have been supplied to me periodically. They showed that in the second half of 1940 men had been infected in 770 places in England and Wales, but the overwhelming majority of places where more than 10 infections had occurred in this period were already provided with treatment centres. Nevertheless the details showed that certain places where infections had occurred in ones and twos and threes were close to others where the same thing had happened and in areas too far removed from existing centres for it to be possible for infected persons to go there for treatment. With this information we have, on suitable occasions, resisted the assurances of county authorities that no expansion of their treatment arrangements was necessary.

In the absence of information as to strengths of Service personnel in the different areas, the number of Service infections occurring in each county was related to its area and expressed as a rate per 10,000 acres, on the assumption that the strengths would be roughly proportional to the areas available for their accommodation. Generally it was found that there was some relationship between density of population in a county and the rate of Service infections which occurred there, but there were some notable exceptions. For example, Warwickshire, Staffs, Kent and Herts, with densities of population higher than the average had relatively low rates of Service infections, and it seems worth noting that three of these counties are inland, while the circumstances of the fourth, Kent, are special.

Outside London one county stands out remarkably as having infected many more Service men in relation to its size than any other, its rate of 5.75 per 10,000

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acres being more than twice that of any other county outside London; the next highest were Oxfordshire, 2·6, Salop, 2·5, and Yorkshire West Riding, 2·3. On investigating Lancashire further I found that in 1939 its centres dealt with 30 per cent. more new cases of gonorrhœa and early syphilis than did those in the three Yorkshire Ridings and Durham combined though the population of these is one-sixth more than that of Lancashire. The cause may lie in the closer communication of Lancashire, through its great ports, with heavily infected countries.

It was interesting and important to note the figures relating to females dealt with at the centres in places where more than ten infections of Service men had occurred in the second half of 1940. It became clear from this study that in a number of places women were not taking advantage of local facilities for treatment to the extent which one judged from the numbers of Service infections occurring there that they should. I have a list of 26 places where with numbers of infections of Service men in the second half of 1940 ranging from 12 to 145, there were actual declines in the numbers of females dealt with at the centres, or any increase was far less than one would have expected. These places have been brought to the notice of the Principal Regional Officers and the Regional Officers of the regions concerned.

*Civilian Measures of Control.*—In an address given here at the beginning of the war, I sketched the steps which had been taken to stimulate the County Councils and the County Borough Councils to set up new treatment facilities wherever it seemed likely that infections were becoming unduly frequent. From a period well in advance of the war we had stressed the importance of the local authorities keeping in touch with the medical staffs of local Service units so that they could get early warning of undue numbers of infections occurring in their personnel. I am not sure that this liaison has been everywhere so good as could have been desired, but, as mentioned, the medical staffs of the Admiralty, War Office and Air Ministry have kept me supplied with figures relating to places where men stated they had been infected, and these I have analysed and passed on to the different regions. I should like to express here my appreciation of the value of this information.

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From October 1940 the Ministry of Health has been in a position to refund to local authorities three-quarters of their approved cost of setting up new treatment facilities, and this encouragement has resulted in a number of new proposals to set up treatment facilities in places where they have not previously existed. The methods of expansion chosen by the local authorities have been

- (a) the setting up of new centres ;
- (b) arrangements with local practitioners possessing certain qualifications to treat patients at their own surgeries.

Originally I suggested that the problem of providing treatment facilities in the numbers of places where I expected they would be required might be solved by the provision of mobile units by which staff and equipment could easily be conveyed from place to place, the actual work being carried out in any suitable buildings which could be found. Practically no local authority has adopted this suggestion, and in the light of the smallness of the increases in V.D. which have occurred as compared with those which were expected, there does not seem at present to be any need for such units.

So far we have had proposals for the setting up of about 16 new centres, and 14 county authorities have made arrangements with practitioners to treat cases in their own surgeries. I must forestall some possible criticism of this practitioner scheme by saying that it is intended for places where it would be absurd to set up centres, and that it is intended to be under the supervision of county consultants. I confess to a hope that it will expand so that in every corner of the country any person infected with one of the venereal diseases can get good treatment easily. It has been made possible by the simplification of the treatment of gonorrhœa by the use of the sulphonamide preparations. My hope is that the county consultants will keep up the dosage to an efficient standard and that through one means and another we shall oust all dribbling, prolonged methods of treatment with this class of remedy. When we have achieved this, whatever the tests of cure, the relapses will be reduced to such a low percentage that we shall be curing people faster than they are becoming infected. Similarly in syphilis I hope that, through the influence of

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county consultants, treatment carried out by the practitioner under this scheme will be on the efficient lines set out in the League of Nations Committee's recommendations. Indeed it will be to the practitioners' interest to give prolonged treatment on these lines, and although there may be hitches at first, there is good reason for hope that, through this scheme, the standard of treatment throughout the country will eventually be raised substantially above the present.

There is at present an admittedly weak spot in our measures of control; it is the failure to bring under treatment sufficient females; but for them it would seem reasonable to expect that in spite of war conditions we could begin to hope for a reduction in the incidence of venereal diseases in this country. The conditions favourable to such a desirable result of our efforts are:—

- (1) Less than usual traffic with foreign countries.
- (2) The relatively low rate of incidence of V.D. (at any rate syphilis) which we had reached in the civil population by the outbreak of the war.
- (3) The existing civilian treatment arrangements.
- (4) The thorough treatment given to Service cases, thus reducing to a minimum the male carriers in what is now a substantial proportion of the population.

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### VIII

## THE PRESENT TREND OF INCIDENCE OF VENEREAL DISEASES IN ENGLAND AND WALES, AND METHODS OF CONTROL

DISCUSSION at the Annual General Meeting of the Medical Society for the Study of Venereal Diseases held on July 26th, 1941.

DR. MARGARET RORKE said that a few days after war was declared she was asked to organise female V.D. Clinics in the County of Hertfordshire, where many women and children had come from evacuated areas. Many infected evacuees were anticipated but next to none were found. It was slow but interesting work to get, not the first clinic, but the other clinics started. Many premises which would have been suitable for a clinic had been taken over as first aid posts, etc. Sometimes it was agreed that the maternity and child welfare centre could be used